

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Loretta G. Domingo (ARCH) | CHAPTER 100.1 |
| Address: 1419 Ala Leleu Street, Honolulu, Hawaii 96818 | Inspection Date: December 11, 2018 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

19 AUG 21 P2:20
STATE LICENSING
SECTION

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG), no documented evidence for three (3) training hours to complete six (6) hours annually.</p> | <p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I found my certificate of 3 hrs. training by Dr. M. Ver that was 6-4-18. (I put the certificate in my Care Home folder) that was misplaced in another folder.</i></p> | <p align="right"><i>12-28-18</i></p> <p align="right">19 MAR -7 110:00</p> <p align="right">STATE OF ILL DEPT OF HEALTH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG), no documented evidence for three (3) training hours to complete six (6) hours annually.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-8(a)(10) PCG - completed the six (6) hrs. training last year only only I wasn't able to find my other six hrs. certificate, at that time my inspection. From now on whenever I attended a workshop with certification I have to put right away in my care home folder, so it doesn't misplace.</p> | 4/30/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)</p> <p>The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><u>FINDINGS</u></p> <p>Emergency plan, no specific address for evacuation in the event of a fire, to the extent residents are unable to live in the facility.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-12(a)(3)</p> <p>Evacuation plan or Emergency plan for a fire is hanging on the wall all the time so the resident can see in the event that there's a fire.</p> <p>I have to evacuate my residents to the nearest Hotel — Best Western The Plaza Hotel</p> <p>3253 Nimrod Hwy</p> <p>Don. Hi 96818 — Tel # (808) 836-3234</p> <p>Close to our home</p> | 4/30/19 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menu used, however only one (1) week (January 10, 2016 to January 16, 2016) of four (4) weeks available.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-13</p> <p>2019 four weeks menus already corrected. 7 menus now are now available.</p> | 8/1/19 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Cycle menu used, however only one (1) week (January 10, 2016 to January 16, 2016) of four (4) weeks available.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will put a reminder on my calendar weekly to change my menu every week. I will post my menu and check it off on my calendar that it was completed.</i></p> | <p>8/1/19</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Posted menu was not followed during the annual inspection:</p> <ol style="list-style-type: none"> 1. <u>Tuesday lunch menu reads</u>, "Cream of Tomato Soup, Cold Tofu Salad, Swiss Mushroom Burger, French Fries, Dim Sum." PCG states lunch served, "Beef and Cabbage, Rice, Cake and Orange Juice." Resident #1 states served, "Beef, Cabbage, Spam." 2. <u>Tuesday supper menu reads</u>, "Cream of Tomato Soup, Swiss Steak with Mushrooms and Onions, Sautéed Fish Chef Sauce." Nurse Consultant observed supper served for Resident #1 & #2, Beef and Vegetable Stew, Rice, Banana, Water and for Resident #3, a bowl of Miso Soup and a bowl of Vanilla Ice Cream and glass of juice provided. | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #1, no system to document substitutions provided. For example, when meals served did not follow the posted menu, PCG did not record menu substitutions for 12/11/18.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I recorded my menu substitution and use a calendar.</i></p> | <p><i>8/1/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1, diet order not provided on admission (7/28/18.) Admission Examination diet order (7/28/18) reads, "<u>No Concentrated Sweets, Low Fat Diet.</u>" However, progress note (7/28/18) reads, "<u>Regular Diet ordered by physician.</u>"</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Refrigerator #1, black mold covering the rubber gasket seal inside the upper top edge of the refrigerator door.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-14 (a)</p> <p>This refrigerator still in good condition. Maintenance man came to change the gasket.</p> | 4/13/19 |

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| ☒ | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Refrigerator #1, black mold covering the rubber gasket seal inside the upper top edge of the refrigerator door.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Remind the resident to close the ice box properly. I will check if it is close at least every night.</i></p> | <p><i>1/3/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Bedroom #3, unsecured pharmacy labeled container on top of a dresser in a licensed bedroom. Pharmacy label dated 11/5/18 reads, "Ketotifen Fumarate Ophthalmic Solution."</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-15 (a) Ketotifen Fumarate Ophthalmic Sol. is already removed on top of his dresser and put in a locked cabinet. From now on I have to locked all medicine in my locked cabinet.</p> | 4/30/19 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Bedroom #1, unsecured pharmacy labeled container on top of a dresser in a licensed bedroom. Pharmacy label dated 11/5/18 reads, "Ketotifen Fumarate Ophthalmic Solution."</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have to make sure that all medication should locked in a locked cabinet.</i></p> | <p><i>4/31/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, no evidence that medication made available in a timely manner. New order <u>dated 8/2/18</u> and reordered on 9/17/18 reads, "Metoprolol Succ ER 25 mg I QAM." However, medication administration record (MAR) reads, "Metoprolol Succ ER 25 mg I QAM" <u>started on 9/17/18</u>.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>10-10-21</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, no evidence that medication made available in a timely manner. New order <u>dated 8/2/18</u> and reordered on 9/17/18 reads, "Metoprolol Succ ER 25 mg I QAM." However, medication administration record (MAR) reads, "Metoprolol Succ ER 25 mg I QAM" <u>started on 9/17/18</u>.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When the MD gives a new order I will copy it in to the MAR the same day. If pharmacy is out of stock I will mark in the MAR (NA) not available. When I get the pharmacy bottle I check the label if matches the MD order written in the MAR. If I see any discrepancies on the label I will notify MD to clarify.</i></p> | 8/1/19 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, MAR does not indicate the following order was made available:</p> <ol style="list-style-type: none"> 1. Order (9/21/18) reads, "Increase Olanzapine ODT <u>15</u> mg QHS." 2. MAR (9/13/18 to 9/24/18) reads, "Olanzapine ODT <u>10</u> mg QHS." <p>An order to increase the medication was signed on <u>9/26/18</u> and reads, "Increase Olanzapine ODT <u>20</u> mg QHS." MAR <u>9/24/18</u> to 12/11/18) reads, "Olanzapine ODT 20 mg QHS."</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19-007-7 0077</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, MAR does not indicate the following order was made available:</p> <p>3. Order (9/21/18) reads, "Increase Olanzapine ODT 15 mg QHS."</p> <p>4. MAR (9/13/18 to 9/24/18) reads, "Olanzapine ODT 10 mg QHS."</p> <p>An order to increase the medication was signed on 9/26/18 and reads, "Increase Olanzapine ODT <u>20</u> mg QHS." MAR 9/24/18 to 12/11/18) reads, "Olanzapine ODT 20 mg QHS."</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When the MD gives a changed order I will copy it in to the MAR the same day. If pharmacy is out of stock I will mark in the MAR not available (NA). When I get the pharmacy bottle label I check the label if it matches the MD order written in the MAR. If I see any discrepancies on the label I will notify M. D. to clarify.</i></p> | <p><i>8/1/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 no activity schedule included in the plan of care. The resident's activity schedule in the record is blank.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>11-100.1-16</i> <i>PCG - makes their</i> <i>activity schedule for her</i> <i>residents.</i></p> | <p><i>4/30/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 no activity schedule included in the plan of care. The resident's activity schedule in the record is blank.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Upon admission to a new resident I present the schedule of activities. I will make a note that we reviewed the plan and will check periodically - how they are able to participate and discuss with the resident and family.</i></p> | <p>8/1/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1, PCG admission assessment blank as follows:</p> <ol style="list-style-type: none"> 1. No diagnoses listed, 2. No medication listed, 3. No diet listed, 4. No frequency for medical appointments listed, 5. No frequency for psychiatric appointments listed, 6. No level of care listed, 7. No self-preservation assessment listed, 8. No explanation on emergency procedures, and 9. No signature/date for PCG, resident and family. | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19 MAR -7 11:02</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1, PCG admission assessment blank as follows:</p> <ol style="list-style-type: none"> 1. No diagnoses listed, 2. No medication listed, 3. No diet listed, 4. No frequency for medical appointments listed, 5. No frequency for psychiatric appointments listed, 6. No level of care listed, 7. No self-preservation assessment listed, 8. No explanation on emergency procedures, and 9. No signature/date for PCG, resident and family. | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>On the day of admission I will review the residents complete medical record with the family to complete the/ my assessment & plan. I'll ask family & resident to sign with me.</i></p> | 8/1/19 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1, no clarification obtained from a physician for incomplete and/or conflicting orders. For example:</p> <ol style="list-style-type: none"> 1. PCG <u>transcribed order incorrectly</u> "Olanzapine 2.5 mg QHS" in advance of 9/17/18 medical appointment with MD #4. However, MD #1 order dated 9/13/18 reads, "Add Olanzapine 10 mg QHS and D/C Olanzapine 2.5 mg QHS." 2. PCG transcribes, "Atorvastatin 1 tab orally QD" on 9/13/18 and 9/17/18 in advance of medical appointments. <u>No dose included in signed order.</u> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19 JUN -7 10:02</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1, no clarification obtained from a physician for incomplete and conflicting orders. For example:</p> <ol style="list-style-type: none"> 1. PCG transcribed order incorrectly "Olanzapine 2.5 mg QHS" in advance of 9/17/18 medical appointment with MD #4. However, MD #1 order dated 9/13/18 reads, "Add Olanzapine 10 mg QHS and D/C Olanzapine 2.5 mg QHS." 2. PCG transcribes, "Atorvastatin 1 tab orally QD" on 9/13/18 and 9/17/18 in advance of medical appointments. <u>No dose included in signed order.</u> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Whenever I bring the resident to a doctor's office and there's a new order I will write it in the progress note the same day.</i></p> | 8/1/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1, emergency information incomplete as follows:</p> <ol style="list-style-type: none"> 1. No medication list, 2. No case manager identified, 3. No medical providers listed (psychiatrist, gastroenterologist and internist), 4. No information on advanced care directives, 5. No date of last TB test, 6. No diet order, 7. No allergies, and 8. No diagnoses or pertinent medical history. | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>11-100.1-17(e) Res. #1 - when I admitted res. #1 from the hospital they gave me the complete transfer summary and I attached it in her chart. except the advanced directive was not available during my inspection.</i></p> | <p><i>4/30/19</i></p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1, emergency information incomplete as follows:</p> <ol style="list-style-type: none"> 1. No medication list, 2. No case manager identified, 3. No medical providers listed (psychiatrist, gastroenterologist and internist), 4. No information on advanced care directives, 5. No date of last TB test, 6. No diet order, 7. No allergies, and 8. No diagnoses or pertinent medical history. | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future on the day of admission I make and emergency information form I will make and admission check list.</i></p> | 8/1/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, progress notes were not accurate as follows:</p> <ol style="list-style-type: none"> 1. On 7/28/18 PCG progress note reads, "<u>Regular</u> diet ordered by her physician." However, order dated 7/28/18 reads, "<u>No concentrated sweets, low fat.</u>" 2. On 10/26/18, progress note reads, "medication increased, "Olanzapine <u>50 mg BID.</u>" However, order (10/26/18) reads, "Olanzapine <u>20 mg QHS.</u>" | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19 MAR -7 10:02</p> <p>RECEIVED</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, progress notes were not accurate as follows:</p> <ol style="list-style-type: none"> 1. On 7/28/18 PCG progress note reads, "<u>Regular</u> diet ordered by her physician." However, order dated 7/28/18 reads, "<u>No concentrated sweets, low fat.</u>" 2. On 10/26/18, progress note reads, "medication increased, "Olanzapine <u>50 mg BID.</u>" However, order (10/26/18) reads, "Olanzapine <u>20 mg QHS.</u>" | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Whenever I bring the resident to a doctor's office and there's a new order I will write it in the progress note the same day.</i></p> | <p>8/1/19</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills did not include specific time for safe evacuation from the building on 7/5/18 and 8/12/18. The time exceeded a reasonable time (5 minutes) for all remaining drills.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19 MAR -7 PM 02</p> <p>RECEIVED</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills did not include specific time for safe evacuation from the building on 7/5/18 and 8/12/18. The time exceeded a reasonable time (5 minutes) for all remaining drills.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have a fire drill form that provides a space to record the drill, & start time to finish & will to see if its complete prior to the next drill.</i></p> | <p>8/11/19</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1 and #2, both non-certified and present during the annual inspection. However, one of two (2) responsible adults on the premises left the home to do errands leaving one (1) responsible adult for two (2) non-certified residents.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>19 MAR -7 11:02</p> <p>STATE OF CONNECTICUT</p> <p>RECEIVED</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1 and #2, both non-certified and present during the annual inspection. However, one of two (2) responsible adults on the premises left the home to do errands leaving one (1) responsible adult for two (2) non-certified residents.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-23</p> <p><i>This deficiency will not be repeated again in the future.</i></p> <p><i>Res. #1 has transferred to another care home.</i></p> | 4/30/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom (BR) #1 and #2, occupied by residents; however, closets licensed for resident use are used by the PCG:</p> <ol style="list-style-type: none"> BR #1, resident closet used to store two (2) commodes and three (3) walkers given to PCG. BR #2, resident closet used to store a bath bench, three (3) suitcases, bath mat and toilet cover and one (1) set of kitchenware belonging to the PCG. | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Bedroom #1 & 2 commodes & walkers was place in the closet for the residents to use in the event that they need. Now those commodes and walkers are already removed.</i></p> | <p><i>7/31/19</i></p> <p>19 AUG -9 12:27</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom (BR) #1 and #2, occupied by residents; however, closets licensed for resident use are used by the PCG:</p> <ol style="list-style-type: none"> 1. BR #1, resident closet used to store two (2) commodes and three (3) walkers given to PCG. 2. BR #2, resident closet used to store a bath bench, three (3) suitcases, bath mat and toilet cover and one (1) set of kitchenware belonging to the PCG. | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>as soon as the resident discharged I will clean the room and removed all personal items</i></p> | <p><i>8/11/19</i></p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1, no pliable plastic pillow protector available for one (1) of two (2) pillows used by the Resident #1.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23 (O)(3)(B)</p> <p>Res. #1 Both of her pillows has plastic protector but she other one she took it but because she is complaining uncomfortable with the plastic on (her) From now on I have to make sure that all residents pillow have their plastic cover protectors.</p> | 4/30/19 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1, no pliable plastic pillow protector available for one (1) of two (2) pillows used by the Resident #1.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>11-100.1-23 (O)(3)(B)</i> <i>Whenever I change their pillow cases, make sure that there's always a plastic pillow protector.</i></p> | 4/30/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bathroom #2, signaling device for resident use is not within arm's reach when the resident is sitting on the toilet seat.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I put a hand bell in bathroom #12</i></p> | <p><i>2/1/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bathroom #2, signaling device for resident use is not within arm's reach when the resident is sitting on the toilet seat.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will advise my substitute to check a hand bell is on with in reach of the resident toilet seat. I will check periodically.</i></p> | <p>8/11/19</p> |

Licensee's/Administrator's Signature: Loretta Domingo

Print Name: LORETTA DOMINGO

Date: 3/6/19

Licensee's/Administrator's Signature: Loretta H. Domingo

Print Name: LORETTA G. DOMINGO

Date: 4/20/19

Licensee's/Administrator's Signature: Loretta H. Domingo

Print Name: LORETTA G. DOMINGO

Date: 8/9/19

Licensee's/Administrator's Signature: Loretta H. Domingo

Print Name: LORETTA H. DOMINGO

Date: 8/21/19

STATE OF ILLINOIS
DEPT. OF
STATE LICENSING

19 MAR -7 AM 00

RECEIVED